

UNIVERSITY OF THE  
WITWATERSRAND,  
JOHANNESBURG



HUMAN RESEARCH ETHICS  
COMMITTEE (MEDICAL)

Office of the Deputy Vice-Chancellor (Research & Post Graduate Affairs)

**TO:** Drs J Pietrzak, S Nkhodiseni and JN Cakic  
School of Clinical Medicine  
Department of Surgery  
Division of Orthopaedic Surgery  
Charlotte Maxeke Johannesburg Academic Hospital

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**CC:** Supervisor: Dr L Mokete <[lipalo@hotmail.com](mailto:lipalo@hotmail.com)>  
and <[HREC-Medical.ResearchOffice@wits.ac.za](mailto:HREC-Medical.ResearchOffice@wits.ac.za)>

**FROM:** Iain Burns  
Human Research Ethics Committee (Medical)  
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E-mail: [Iain.Burns@wits.ac.za](mailto:Iain.Burns@wits.ac.za)

**DATE:** 2020/07/06

**REF:** R14/49

**PROTOCOL NO:** M200681 *(This is your ethics application study reference number. Please quote this reference number in all correspondence relating to this study)*

**PROJECT TITLE:** *Evaluating the impact of the postponement of elective primary TJA due to the Covid-19 pandemic on patients on the Arthroplasty Waiting List at Charlotte Maxeke Johannesburg Academic Hospital (CMJAH)*

Please find attached the Clearance Certificate for the above project. I hope it goes well and that an article in a recognized publication comes out of it. This will reflect well on your professional standing and contribute to the Government funding of the University.



R14/49 Drs J Pietrzak, S Nkhodiseni and JN Cakic

**HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)**  
**CLEARANCE CERTIFICATE NO. M200681**

**NAME:** Drs J Pietrzak, S Nkhodiseni and JN Cakic  
(Principal Investigator)

**DEPARTMENT:** School of Clinical Medicine  
Department of Surgery  
Division of Orthopaedic Surgery  
Charlotte Maxeke Johannesburg Academic Hospital


**PROJECT TITLE:** Evaluating the impact of the postponement of elective primary TJA due to the Covid-19 pandemic on patients on the Arthroplasty Waiting List at Charlotte Maxeke Johannesburg Academic Hospital (CMJAH)

**DATE CONSIDERED:** Ad hoc

**DECISION:** Approved conditionally

**CONDITIONS:** Evidence of the approval of the CEO of CMJAH of the study should be submitted to the HREC (Medical)

**SUPERVISOR:** Dr L Mokete

**APPROVED BY:**   
Dr CB Penny, Chairperson, HREC (Medical)

**DATE OF APPROVAL:** 2020/07/06

This clearance certificate is valid for 5 years from the date of approval. Extension may be applied for.

**DECLARATION OF INVESTIGATORS**

To be completed in duplicate and **ONE COPY** returned to the Research Office Secretary on the 3rd Floor, Phillip Tobias Building, Parktown, University of the Witwatersrand, Johannesburg.  
I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to submit details to the Committee. **I agree to submit a yearly progress report.** When a funder requires annual re-certification, the application date will be one year after the date when the study was initially reviewed. In this case, the study was initially reviewed in **June** and will therefore reports and re-certification will be due early in the month of **June** each year. Unreported changes to the application may invalidate the clearance given by the HREC (Medical).

Principal Investigator Signature

Date